

**AMENDMENT / RESPONSE TRANSMITTAL**

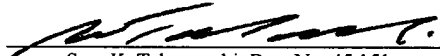
Applicant : Andersson, et al.  
App. No. : 10/623,119  
Filed : July 17, 2003  
For : MUSCARINIC AGONISTS  
Examiner : Unassigned  
Art Unit : Unassigned

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

September 24, 2003

(Date)

  
Sam K. Tahmassebi, Reg. No. 45,151

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing in the above-identified application are the following enclosures:

(X) Preliminary Amendment in 14 pages.

The fee has been calculated as shown below:

FEE CALCULATION				
FEE TYPE		FEE CODE	CALCULATION	TOTAL
Total Claims	36 - 76 =	1202 (\$18)	x 18 =	\$648
Independent Claims	8 - 12 =	1201 (\$84)	x 84 =	\$672
Multiple Claim		1203 (\$280)		\$
1 Month Extension		1251 (\$110)		\$
2 Month Extension		1252 (\$410)		\$
3 Month Extension		1253 (\$930)		\$
			<b>TOTAL FEE DUE</b>	<b>\$1,320</b>

(X) A check in the amount of \$1,320 is enclosed.

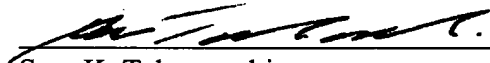
(X) Return prepaid postcard.

Docket No.: ACADIA.011DV1

Customer No.: 20,995

---

- (X) Please charge any additional fees, including any fees for additional extension of time, or credit overpayment to Deposit Account No. 11-1410.



---

Sam K. Tahmassebi  
Registration No. 45,151  
Attorney of Record  
Customer No. 20,995  
(619) 235-8550

LAMEND-TRANS  
S:\DOCS\SKT\SKT-4206.DOC  
092403